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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$1,770.00

Complete if Known

Application Number	08/648,092
Filing Date	5/17/1996
First Named Inventor	Johnston William McAvoy
Examiner Name	Z. Fay
Art Unit	1614
Attorney Docket No.	UNSYD-39709

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
Deposit Account: 06-2425			
Deposit Account Name: Fulwider Patton et al.			
The Director is authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Extra Claims		Fee from below	Fee Paid
Total Claims	-20** = 0	X	0.00
Independent Claims	-3** = 0	X	0.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		\$0.00	
*or number previously paid, if greater; For Reissues, see above			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)		\$1,770.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John V. Hanley	Registration No. (Attorney/Agent)	38,171
Signature		Telephone	310-824-5555
		Date	12/6/2004

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	08/648,092
		Filing Date	5/17/1996
		First Named Inventor	Johnston William McAvoy
		Art Unit	1614
		Examiner Name	Z. Fay
Total Number of Pages in This Submission	16	Attorney Docket Number	UNSYD-39709

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Postcard; cited references; RCE Transmittal
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	CUSTOMER NO. 24201	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John V. Hanley FULWIDER PATTON LEE & UTECHT, LLP		
Signature			
Date	12/6/2004		

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	John V. Hanley		
Signature		Date	12/6/2004

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